

„We need collective courag actively manage the future

In the run-up to the 24th German Congress for Health Services Research, which is taking place in Hamburg this year, "Monitor Versorgungsforschung" spoke to DKVF Congress President Prof. Dr Horst Christian Vollmar MPH, Head of the Department of General Medicine (AM RUB) at Ruhr University Bochum. In the cover interview of "Monitor Versorgungsforschung", he talks about the origins of the congress theme "Future competence for a resilient healthcare system" (1), the current challenges facing our healthcare system and the key messages that the DKVF wants to convey, which is taking place for the first time this year from 22 to 24 September in Hamburg at the University Medical Centre Hamburg-Eppendorf (UKE).

In an interview: Prof Dr Horst Christian Vollmar MPH, Congress President of the 24th DKVF

>> How did the topic "Future competence for a resilient healthcare system" come about and what key messages would you like to convey?

The resilience of our healthcare system has been severely challenged in recent years by events such as the coronavirus pandemic, climate change, the shortage of skilled labour and, last but not least, demographic change. This list alone, which is certainly far from exhaustive, shows that this is a very complex topic that has been occupying all the actors and scientists in many professions for many years. I would just like to remind you of the Chancellor's Commission and various expert reports by the German Council of Economic Experts, the last of which explicitly addressed the topic of resilience in the healthcare system, which dealt with the reasons and options for action in great detail. From the perspective of healthcare research, however, it is not only hard facts that are important in order to approach a topic as holistically as possible, but also soft skills. Not only for me, but also for the entire Executive Board of the Network for Health Services Research, which is organising its 24th congress in September, this includes "Future skills for a resilient healthcare system". This has also become the title and thus the objective of our congress, which I have the honour of presiding over this time as President. And what better way to search for possible solutions together with the German healthcare research community gathered at the DKVF than futurology?

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Names like Matthias Horx or Sven Gabor Janszky immediately spring to mind.

These are certainly well-known names, but I would describe them more as trend researchers. They create fancy buzzwords and generate a lot of media attention - but the research is usually done elsewhere. We have serious futurology in mind - admittedly a personal hobbyhorse of mine. I have used methods from futurology several times myself, for example the scenario technique. This is quite interesting, because futurologists usually look at a time horizon of 10 to 20 years and try to anticipate different futures (sic!). Although the term futurology has become established in German-speaking countries, this scientific discipline would probably have been better described as futures research.

Futures research is associated with the term "futures literacy"?

"Futures literacy helps us to understand what we can expect in different futures. And, above all, how we can prepare our society and political decision-makers so that they can plan and act in good time.

Incidentally, UNESCO has been working on this approach for a few years now and has already organised over 100 Futures Literacy Laboratories (2) under its aegis. How can futures research help us to better deal with the many challenges facing our healthcare system? The central challenges have been known for a long time, often for several decades. Just think of the demographic change that has been observed since the 1970s, when the birth rate fell below the mortality rate for the first time. Or the climate change predicted by the Club of Rome in its first report "The Limits to Growth" - which, incidentally, was also around 50 years ago, in 1972. People talk about megatrends in this context, even if not all futurologists like the term - possibly because it is used in a rather inflationary way.

Why futures?

Because modern futurology correctly refers to futures. The plural term is intended to emphasise that what lies ahead of us is anything but static, because we don't just have one future, but many different ones. Depending on how we decide and act. Or even if we don't act. However, the term future also implies that there can be several possible futures, depending on which parameters are adjusted or not adjusted. So something like modelling after all? I find the concept of modelling far too linear. At this point, let's think of a quote that is attributed either to the French diplomat Charles-Maurice de Talleyrand-Périgord or to the former Chancellor of the Federal Republic of Germany, Willy Brandt: "It's not about predicting the future, it's about shaping the future." Or an important sentence from the "Little Prince" by French author Antoine de Saint- Exupéry: "We should not try to predict the future, but make it possible." The broadened view that becomes clear here should enable us not to see the future statically, to accept it passively, but to approach the future in a positive and actively creative way. This can help people to understand why and how we can prepare, plan and deal with the complexity and novelties of our society.

And how does "futures literacy" fit into this picture?

The term "futures literacy" refers to a future-oriented competence that is comparable in its fundamental importance to the cultural techniques of reading and writing. "Futures literacy encompasses the ability to systematically analyse the emergence, function and impact of ideas about the future and to critically reflect on their influence on individual and collective decision-making processes. At the centre of this competence is the human imagination, which can be regarded as one of the earliest cognitive abilities and enables us to anticipate alternative futures. In view of the increasing complexity and uncertainty of social developments, it seems necessary to encourage a collective courage to actively engage with different future scenarios. This includes the conscious development and evaluation of a variety of desirable visions of the future, which serve as cognitive points of reference and can help individuals and social groups to remain capable of acting in situations of high uncertainty.

Will the DKVF help with all of this?

At least provide important impetus. Our congress offers interesting keynotes and workshops on this topic. For example, Prof. Dr Antje Bierwisch from the Management Center Innsbruck (MCI), an expert in future literacy, Chairholder of the UNESCO Chair in Futures Capability for Innovation and Entrepreneurship at the MCI and developer of a multi-method approach to strategic forecasting. She will certainly give the congress participants a very interesting insight into how the "Futures Literacy" approach can be used to improve healthcare. I would also like to mention Michaela Evers-Wölk from the Institute for Futures Studies and Technology Assessment in Berlin, head of the Health and Well-being research field since 2019 and also head of the "Crisis Radar" and "Resilience Radar" projects. This initiative, funded by the Office of Technology Assessment at the German Bundestag, aims to develop early warning systems for potential crises. Evers-Wölk will present the "Resilience Radar 2025" with a focus on health and will provide further thematic impetus for the congress with her keynote speech.

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True to the motto: Healthcare research meets futurology?

In a way, healthcare research is multi-professional per se. We are therefore delighted to be organising the DKVF together with renowned futurologists for the first time. By promoting our future expertise, we can not only increase the resilience of the healthcare system, but also develop a proactive attitude towards future challenges. And, incidentally, gain new impetus for healthcare research.

Where do you see the most important levers for a more resilient system? What do you see as the key messages that the congress will deliver?

The most important message is derived from what I have just said: We need to move away from this basic pessimistic attitude - which is particularly pronounced in Germany - and we need hope for the future in order to solve the challenges we face. Our keynote speakers will certainly provide good impetus for this. For example, we have invited an AI researcher from Bochum on the second day of the congress. Dr Sandra Bobersky from the Centre for AI, Medical Informatics and Data Sciences (KAM) at the Knappschaft Clinics at Bochum University Hospital will explore the exciting question of whether AI is just hype or whether it really has the potential to revolutionise our healthcare system and where beneficial AI applications can be expected in healthcare in the future.

Or will cause new problems.

Of course, AI will possibly solve one or two problems, but it will also confront us with new problems. But this technology is increasingly coming our way, whether we like it or not. That's why we as healthcare researchers have to actively engage with it. Or as football philosopher Lothar Matthäus put it so nicely: "We just have to keep our heads in the sand". In other words, for us supply researchers: Get our heads out of the sand, be proactive and shape the possible futures in such a way that they are worth living for as many people as possible. For me, the most important thing for the congress would therefore be that we all go home at the end with a positive spirit of optimism and say: "We can do this, despite all the problems we face." Prof Malaz Boustani from Indianapolis - geriatrician and implementation scientist and the second guest speaker on the second day - will certainly provide us with good impetus here with his positive manner, even if a lot is going wrong in the USA at the moment.

And how exactly are we to overcome the challenges we face?

On the third day of the congress, for example, Prof Dr Petra Thürmann from Helios Klinikum Wuppertal and the University of Witten/Herdecke - who played a key role in the expert report on resilience in the healthcare system and is a member of the Expert Council on Health and Resilience at the Federal Chancellery - will provide us with important recommendations on how our healthcare system and our society can best deal with future health crises. As heat and cold affect the health of the population, there will be greater utilisation of healthcare services and an additional economic burden on the already strained healthcare system. This makes it all the more important that we address these issues promptly and develop solutions for hospitals, doctors' surgeries and care homes. Dr Claudia Konnopka from the University Medical Centre Hamburg-Eppendorf - a home game for you - will present this in her lecture.

You have mentioned a whole range of problems, from demographic developments to climate change. Then there are possible pandemics and, last but not least, the threat of war that may even materialise in this country. Germany already invests 13.5% of its gross domestic product in its healthcare system. Politicians, who have been overburdened for many years with solving the demographic issue alone, hope that the healthcare system will eventually become cheaper if processes are optimised and overuse and misuse are avoided. Is this a misconception in view of the various potential dangers we face?

The call for more money is very common among representatives of professional organisations and is almost a typical reflex. We simply haven't done our homework in this area, and that includes healthcare research. But not because there is no lack of knowledge here, but because there is an enormous shortcoming in realisation, translation and implementation. We have known about overuse, underuse and misuse since the expert report in 2001 - I remember that year so well because I was a medical specialist at the time. However, little or nothing has changed in this diagnosis since then. There is still waste, which is perhaps the wrong word, because there are simply a lot of false incentives in the system and too many measures that are either not evidence-based, useless or sometimes even harmful to patients are not abolished. We would have the potential to use our existing financial reserves for more sensible things if we wanted to.

The key question is whether this potential is sufficient. If, for example, we avoid 20 per cent of overuse and misuse, that is only a fifth of the total budget of well over 300 billion euros in the SHI sector alone. Wouldn't it finally be time for business process optimisation,

perhaps a real rethink along the lines of the primary care systems that have long been established in many other countries? But then, please, along with a change in benefit law: why, for example, is the entire provision of remedies in the hands of doctors and not in the hands of carers?

Future literacy is precisely about rethinking things. When we organise future workshops at the university, the first thing I say to the participants is: "Please leave your bandage hat at the cloakroom." If you're not prepared to do that, you don't need to start rethinking. If you seriously want to do this, you have to let go of your own ideas, convictions and socialisation. This is exactly what we are trying to convey and learn at our congress. You just mentioned primary care systems, which I as a general practitioner naturally very much welcome. We haven't had anything like that in this country since the so-called free choice of doctor was introduced. At least until the practice fee was introduced in 2004 and abolished again in 2012 because, as a co-payment that people with statutory health insurance had to make for their first visit to the doctor in each quarter, it was not able to reduce unnecessary visits to the doctor sufficiently. This is why, on the one hand, it will be a matter of a truly controlling co- payment in future, which even the medical profession is now calling for. Of course, this must not lead to a lack of care if patients are reluctant to utilise really important medical services if the co-payment is too high. On the other hand, however, the main focus will be on new professional profiles and groups that could certainly turn a primary care system into a primary care system over a longer period of time. I'm thinking here of academicised nursing and physiotherapy as well as physician assistants, to name just a few. There will be a number of sessions on all of these things at our congress.

So everything really needs to be scrutinised.

But surely. This is the only way to rethink a system. You have to be able to tackle all processes and consider what makes sense and what does not. This definitely includes sector boundaries, which are so obsolete because they hinder and even prevent a sensible digital transformation, for example. Most people realise this. But this is not really a new problem. I therefore hope that futurology can provide us with new impetus as to how we can finally use all of our knowledge to move into translation, and in particular how we can persuade politicians to implement the necessary reforms.



Univ.-Prof. Dr. med. Horst Christian Vollmar MPH

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Can that even succeed?

I think so. Many things could be different if we listened more to futurologists. Just think of the concept of wildcards, a kind of joker. We learnt about wildcards as a "black swan" during the financial crisis. For example, the global financial crisis in 2008 was categorised as a "black swan" because before this crisis, many experts believed that the property market was safe and would remain a stable growth engine.

Meaning?

Quite simply: Karlheinz Steinmüller, a graduate physicist and philosopher, wrote a book with his wife Angela Steinmüller, a graduate mathematician, in 2004 entitled "Wild Cards: When the Improbable Occurs" (3). Back then, they described very rarely occurring possible events that have a high impact: such as financial crises, a global pandemic and even a war in Europe. These were things that were not really imaginable in the early 2000s. However, it would have been possible to anticipate such events in advance and prepare for them.

Like for the next pandemic, because we don't want to paint a war on the wall.

Exactly. It's not a question of whether the next pandemic will come, but when. We have learnt a lot scientifically in the course of overcoming the current one - but are the right conclusions being drawn at a political level? At the very least, politicians should also comprehensively analyse the pandemic and learn from it. Healthcare research with the help of futurology could help a great deal here. But then the following applies: if we have found out something that should be taken into account in a future pandemic, for example, then healthcare research must get involved and draw attention to the identified deficits. Silence is no longer an option.

Are there any innovative approaches that you hope to see in healthcare research?

Artificial intelligence will certainly have a major impact. Of course, we are already using AI in some of our healthcare research projects, primarily to try out the existing

Citations

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tools. At our university, however, we are also considering how we can introduce AI to our students: A colleague recently used the following phrase: "AI will not replace doctors, but good doctors will use AI and replace those doctors who don't use it". Of course, this won't happen overnight. This is where we come full circle to our congress: in a state-of-the-art session on futurology. AI is also making inroads here and I'm very excited to see what insights we get here. All that remains for me to do is to thank my congress team here in Bochum and the UKE team in Hamburg, who made our congress possible in the first place after the surprising cancellation of the location in Potsdam. And of course to the DKVF board and office. We hope that we will be able to experience an exciting congress together with around 800 contributions and hopefully more than 1,000 visitors.

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Professor Vollmar, thank you for talking to us.. <<

The interview was conducted by MVF publisher Prof Dr Reinhold Roski and MVF editor-in-chief Peter Stegmaier.

Literature:

1: https://www.dkvf.de/de/
2: https://www.unesco.org/en/futures-literacy
3: https://t1p.de/5gdoa

The 5 strands of the 24th DKVF at the UKE in Hamburg

Strand 1: Megatrends: Megatrends influence healthcare in many different ways. The focus here is on future-oriented contributions that deal with the effects of demographic change, the shortage of skilled labour, particularly in nursing, working in multi-professional teams and cross-sectoral, regional care. Other topics include innovative approaches to the "gender shift" among carers, the participation of different population groups, climate change and adaptation to its consequences, resilience to pandemics, economic crises and geopolitical conflicts, as well as challenges and solutions for care in the context of migration, integration and inclusion.

Strand 2: Digital transformation - digital health: The digital transformation offers enormous potential for healthcare. Contributions dealing with artificial intelligence (AI), digital health applications (DiGA) and digital care applications (DiPA) are just as much in demand here as abstracts on electronic patient records (ePA), research data infrastructure and other key resources for sustainable healthcare.

Strand 3: Evidence-based healthcare: Health is a key policy and future issue. Evidence-based healthcare and healthcare policy are essential in order to achieve the best possible results for the population. Topics here include, for example, the use of healthcare-related data for benefit assessment, paths to a "learning healthcare system", mental health, as well as models and specific measures for prevention, inclusion and participation.

Strand 4: Methods of health services research and futurology: The methods of health services research and futurology are diverse and are constantly evolving. In this strand, contributions on causal inference, qualitative methods, mixed methods and new developments in the field of register research etc. can be submitted. In addition, workshops with methods of futures research such as Future Lab and scenarios are offered in this strand. **Strand 5:** Shaping the future: In this strand, completed, currently running and newly accepted projects for funding, including from the Innovation Fund and other promising project ideas that have just been started, will be presented and report.